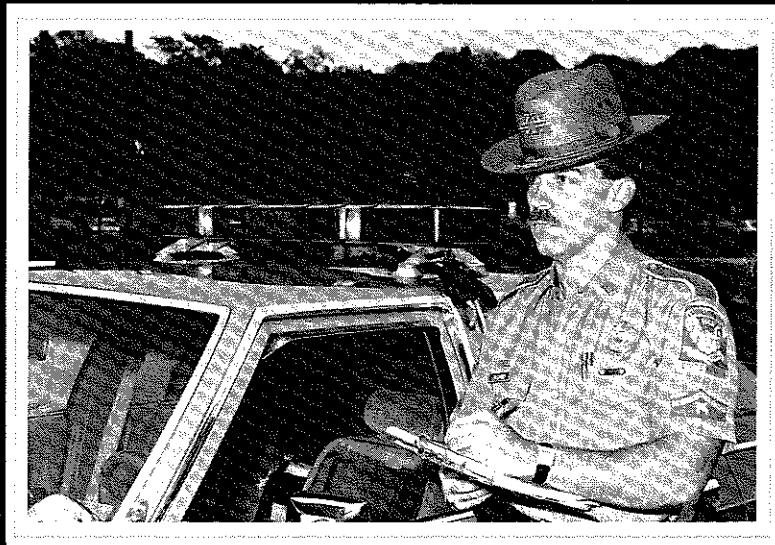
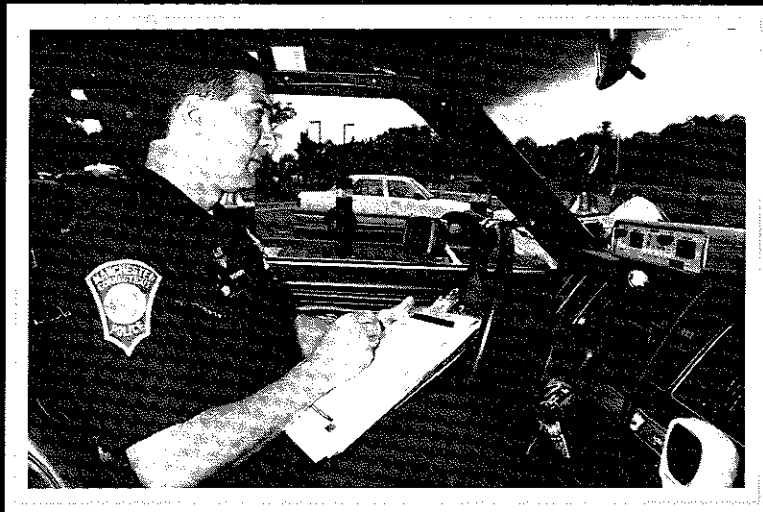


# INVESTIGATOR'S GUIDE FOR COMPLETING THE UNIFORM POLICE ACCIDENT REPORT FORM



CONNECTICUT DEPARTMENT OF TRANSPORTATION

1994

**Assistance or Additional Forms**

Assistance with interpretation of instructions contained within this guide or an additional supply of Police Accident Report Forms may be obtained by contacting the Accident Records Section of the Connecticut Department of Transportation at 594-2095.

**Completed Reports**

Copies of completed investigations must be forwarded to the Connecticut Department of Transportation, Accident Records Section, 2800 Berlin Turnpike, P.O. Box 317546, Newington, CT. 06131-7546 within five working days of completion of the investigation.

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## INTRODUCTION

Connecticut General Statutes delegate to the Commissioner of the Department of Transportation, the Authority and the obligation to prescribe a Uniform Police Accident Report Form for use in the investigation of Accidents within the State of Connecticut.

In recognition of the diversity of interest in the content of the Police Accident Report form, and to ensure the widest possible input with regard to the content and format of the form, the Commissioner of Transportation formed a multi-agency committee, to participate in the redesign of the existing forms. The Committee was comprised of members representing: the Connecticut Police Chiefs Association; the Connecticut State Police; the Connecticut Department of Motor Vehicles; the Federal Highway Administration; the National Highway Traffic Safety Administration and the Connecticut Department of Transportation. The Committee reached agreement on a preliminary form that was pilot tested in twenty-one local police agencies and five state police jurisdictions. Following input from investigators involved in the pilot testing, the form was modified and presented to the Commissioner of Transportation for his approval, which was granted on August 29, 1994.

## AUTHORITY

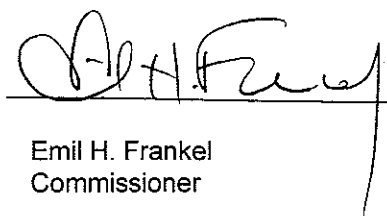
Sec. 14-108a. Uniform investigation of accident report. (a.) The commissioner of transportation shall prescribe for the division of state police within the department of public safety and for each police department and officer and other suitable agencies or individuals a uniform investigation of accident report, in such form as the commissioner shall prescribe, which form shall be followed in filing all such reports.

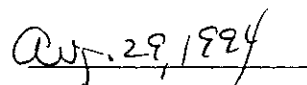
(b.) In each motor vehicle accident in which any person is killed or injured or in which damage to the property of any one individual, including the operator, in excess of one thousand dollars is sustained, the police officer, agency or individual who, in the regular course of duty, investigates such accident, either at the time of or at the scene of the accident or thereafter, by interviewing the participants or witnesses, shall, within five days after completing such investigation, complete and forward one copy of such report to the commissioner of transportation. Such report shall call for and contain all available detailed information to disclose the location and cause of the accident; the conditions then existing, the persons and vehicles involved and the names of the insurance companies issuing their automobile liability policies, as well as the enforcement action taken. The commissioner of transportation shall forward to the commissioner of motor vehicles one copy of each report of (1) any accident in which any person is killed or (2) any accident involving a school bus or public service motor vehicle. The commissioner of motor vehicles may inquire into or investigate any accident reported pursuant to this subsection and may request the assistance of the division of state police within the department of public safety for such purposes.

## COMMISSIONER'S DECLARATION

Pursuant to the authority vested in the Commissioner of Transportation under Connecticut General Statute 14-108a, I, hereby, authorize the use of the revised Uniform Police Accident Report Form, PR-1 Rev 5/94.

Investigating officers and agencies may initiate the usage of the revised form upon completion of a process designed to familiarize them with the new features of the form, provided that each such investigating officer and agency shall initiate usage of this form no later than January 1, 1995.

  
Emil H. Frankel  
Commissioner

  
Date

## GENERAL INSTRUCTIONS

- Each form provides space for the reporting of information relative to two traffic units, a traffic unit being either a vehicle and its operator or a pedestrian.
- Each form also provides space for the reporting of information relative to eight involved persons.
- Whenever the number of traffic units or involved persons exceeds the space available on the form, additional forms must be utilized.
- The third, fourth and fifth vehicles being reported will always be reported as Traffic Units #3, #4 and #5 respectively. The preprinted Traffic Unit #1 and #2 should be crossed out and the correct Traffic Unit Number substituted accordingly.
- Traffic Unit # and Vehicle # will always be coincidental.
- When reporting an accident that involves a pedestrian, a Traffic Unit Number must be assigned to each vehicle before a Traffic Unit Number is assigned to a pedestrian.
- Traffic Unit Status will be accorded to any non-contact vehicle whose operator was, or if known would have been, issued a citation.

# UNIFORM POLICE ACCIDENT REPORT FORM, FIRST OVERLAY

UNIFORM POLICE ACCIDENT REPORT FORM PR-1 Rev. 5/94 Please Print or Type

- A. WEATHER CONDITION: 1. No Adverse Condition; 2. Rain; 3. Sleet/Hail; 4. Snow; 5. Fog; 6. Blowing Sand, Soil, Dirt or Snow; 7. Severe Crosswinds; 8. Other; 9. Unknown;
- B. ROAD SURFACE CONDITION: 1. Dry; 2. Wet; 3. Snow/Slush; 4. Ice; 5. Sand, Mud, Dirt or Oil; 8. Other; 9. Unknown;
- C. LIGHT CONDITION: 1. Daylight; 2. Dark-Not Lighted; 3. Dark-Lighted; 4. Dawn; 5. Dusk; 9. Unknown;
- D. ACCIDENT OCCURRED ON: 1. Main Roadway; 2. On Ramp; 3. Off Ramp; 4. H.O.V. Lane; 5. Collector - Distributor Roadway; 6. Service or Rest Area; 7. Weigh Station; 8. Connector;
- E. OTHER ROADWAY FEATURE: 1. Int. Public Road; 2. Int. Private Road; 3. Int. Residential Dr.; 4. Int. Commercial Dr.; 5. On Bridge; 6. At RR Xing; 7. At Median X Over; 8. At On Ramp; 9. At Off Ramp 0. None
- F. MEDIAN BARRIER PENETRATION: 1. Full; 2. Partial; 3. None; 4. Not Applicable;
- G. CONSTRUCTION OR MAINTENANCE RELATED: 1. Yes; 2. No;

VEHICLE #1		H. VEHICLE TYPE	VEHICLE #2	
01 Non Contact	07 Train	13 Passenger Van	19 Truck Tractor Only	25 Other
02 Automobile	08 Emergency Vehicle	14 Single Unit Truck (2 Axle, 4 Tire)	20 Tractor Semi-Trailer	26 Unknown
03 Motorcycle	09 School Bus	15 Single Unit Truck (2 Axle, 6 Tire)	21 Tractor Double Trailers	
04 Moped-Motor Scooter	10 Commercial Bus	16 Single Unit Truck (3 or more Axes)	22 Tractor Triple Trailers	
05 Pedalcycle	11 Motorhome/Camper	17 Car-Trailer Combination	23 Heavy Vehicle (Unclassifiable)	
06 Taxi	12 Off Road Vehicle	18 Truck-Trailer Combination	24 Construction/Farm Equipment	

OBJECT #1	TRAFFIC UNIT #1	J. OBJECT(S) STRUCK	TRAFFIC UNIT #2	OBJECT #1
OBJECT #2	01 Animal other than Deer	11 Fence	21 Traffic Control Device	OBJECT #2
	02 Bank, Ledge, Rock (Off Rd.)	12 Fire Hydrant	22 Traffic Island	
	03 Bridge Structure	13 Foreign Object on Pavement	23 Tree	
	04 Building, House	14 Highway Sign, Post, Delineator	24 Underpass Ceiling	
	05 Catch Basin, Manhole	15 Illumination Pole	25 Utility Pole	
	06 Const., Barricade, Barrel	16 Impact Attenuator	26 Vehicle Off Road	
	07 Culvert, Endwall	17 Jersey Barrier	27 Wall	
OBJ. #1 LOC	08 Curbing	18 Metal Beam Guide Rail	28 Wire Rope Guiderail	OBJ. #1 LOC
OBJ. #2 LOC	09 Deer	19 Overhead Sign Support	29 Other	OBJ. #2 LOC
	10 Ditch	20 Railroad Appertunance, Track		


TRAFFIC UNIT #1	K. OBJECT(S) LOCATION	TRAFFIC UNIT #2
1 Off Road & Shoulder Ahead	4 On Shoulder, Left	7 On Median Divider
2 In Roadway	5 Off Road & Shoulder, Right	8 Gore Area, Ramp Nose
3 On Shoulder, Right	6 Off Road & Shoulder, Left	9 Over Roadway

L. INVOLVED PERSON IDENTIFIER: 1. Occ. Vehicle #1; 2. Occ. Vehicle #2; P=Pedestrian; W=Witness;

M. INJURY CLASSIFICATION	N. SEATING POSITION	P. AIRBAG STATUS	Q. EJECTION STATUS
K: Fatal Injury	01 Front Seat Left/Motorcycle Driver	1 Deployed	1 Not Applicable
A: Incapacitating Injury (Prevents Return to Normal Activity)	02 Front Seat Middle	2 Not Deployed	2 Totally Ejected
B: Non-Incapacitating Evident Injury	03 Front Seat Right	3 Not Applicable	3 Partially Ejected
C: Possible Injury (Claim of Non- evident Injury)	04 Second Seat Left/Motorcycle Passenger	4 Unknown	4 Trapped
N: Not Injured	05 Second Seat Middle		5 Unknown
	06 Second Seat Right		
	07 Third Row Behind Driver/Motorcycle Pass.		
	08 Third Row Behind Front Seat Middle		
	09 Third Row Right		
	10 Sleeper Section of Cab (Truck)		
	11 Enclosed Passenger or Cargo Area		
	12 Unenclosed Passenger or Cargo Area		
	13 Trailing Unit		
	14 Riding on Vehicle Exterior		
	15 Unknown		
		O. OCCUPANT PROTECTION SYSTEM USE	
		1 None Used - Vehicle Occupant	
		2 Shoulder Belt Only	
		3 Lap Belt Only	
		4 Shoulder and Lap Belt	
		5 Child Safety Seat	
		6 Helmet/High Visibility Clothing	
		7 Helmet/No High Visibility Clothing	
		8 No Helmet/High Visibility Clothing	
		9 Restraint Use Unknown	

## INSTRUCTIONS FOR COMPLETING THE FIRST OVERLAY

**A. WEATHER CONDITION:** Enter the one code which best describes the weather condition at the time the accident occurred. In the event that more than one code applies, please enter the code which in your opinion best describes the condition that most influenced the accident occurrence.

**A. WEATHER CONDITION:** 1. No Adverse Condition; 2. Rain; 3. Sleet, Hail; 4. Snow; 5. Fog; 6. Blowing Sand, Soil, Dirt or Snow; 7. Severe Crosswinds; 8. Other; 9. Unknown; 

A

**B. ROAD SURFACE CONDITION:** Enter the one code that best describes the condition of the road surface at the time of the accident.

**B. ROAD SURFACE CONDITION:** 1. Dry; 2. Wet; 3. Snow/Slush; 4. Ice; 5. Sand, Mud, Dirt or Oil; 8. Other; 9. Unknown; 


B

**C. LIGHT CONDITION:** Enter the one code that describes the light condition at the time of the accident.

**C. LIGHT CONDITION:** 1. Daylight; 2. Dark-Not Lighted; 3. Dark Lighted; 4. Dawn; 5. Dusk; 9. Unknown 

C


**D. ACCIDENT OCCURRED ON:** This entry will be utilized to describe the roadway upon which the accident occurred. Enter the code that best describes that roadway.

**D. ACCIDENT OCCURRED ON:** 1. Main Roadway; 2. On Ramp; 3. Off Ramp; 4. HOV Lane; 5. Collector-Distributor Roadway; 6. Service or Rest Area; 7. Weigh Station; 8. Connector; 

D

- **COLLECTOR DISTRIBUTOR ROADWAY** - A Collector Distributor (C-D) Roadway is an integral part of an expressway and will take the form of one or more lanes providing travel in the same direction as the adjacent main line. Generally there will be one egress point to and one access point from a C-D roadway to the main line while there will be multiple egress points from and or access points to the C-D roadway. The I-84 Westbound roadway in Manchester that provides egress to Pleasant Valley Road and Route 44 is an example of a C-D roadway.
- **CONNECTOR** - A Connector is a short segment that provides an alternate means for traffic to move between two legs of an intersection. The minor or inferior leg is the connector.
- **MAIN ROADWAY**- This code should be selected whenever none of the codes 2 through 8 apply.
- **CODES 2 THROUGH 7** - On Ramp, Off Ramp, High Occupancy Vehicle Lane, Collector - Distributor Roadway, Service Area or Rest Area and Weigh Station apply only to expressways or freeways.

**E. OTHER ROADWAY FEATURE:** The other roadway feature is utilized to describe that feature whose presence at the accident site significantly impacted the accident occurrence. Enter the one code that best describes this feature. If no feature is present, enter code 0, none.

**E. OTHER ROADWAY FEATURE:** 1. Int. Public Road; 2. Int. Private Road; 3. Int. Residential Dr.; 4. Int. Commercial Dr.; 5. On Bridge; 6. At RR Xing; 7. At Median X Over; 8. At On Ramp; 9. At Off Ramp; 0. None; 

E

- If an accident is related to an intersection, even though the physical location of the collision is not at the intersection, the appropriate intersectional code 1-4, 8 or 9 should be coded.



## **Other Roadway Features-Example Usage**

### **1. Public Intersection:**

Activity at a public intersection such as a vehicle stopped for a left turn led to a number of vehicles slowing or stopping for that vehicle. A rear-end accident occurs in the group of vehicles slowing or stopping for the vehicle turning left.

### **2. Private Road:**

A vehicle turns into a private road in front of a motorcycle and a turning-same direction crash occurs.

### **3. Private Drive:**

A vehicle (non-contact vehicle) exits a private drive, another vehicle runs off the road into a tree (fixed-object collision).

### **4. Commercial Drive:**

A vehicle turns left from a commercial drive and is struck by a vehicle from its left (turning-intersecting path collision).

### **5. On Bridge:**

An accident on an icy bridge blocks the road. A collision occurs among the vehicles attempting to stop several hundred feet before the bridge.

### **6. At Railroad (RR) Crossing:**

A railroad crossing is closed by lights or gates. An accident occurs in traffic backed up from that crossing.

### **7. At Median Crossover:**

A maintenance vehicle loaded with sand slowly does a U-turn at a median crossover and is involved with high speed traffic when entering the expressway (turning-intersecting path collision).

### **8. At On-Ramp:**

Vehicles from an on-ramp force their way onto the expressway. Vehicles in the right lane are forced to slow or stop to avoid vehicles darting in front of them. A crash occurs upstream of the on-ramp in the traffic slowing or stopping for the situation created by the on-ramp traffic.

### **9. At Off-Ramp:**

Traffic backed-up from off-ramp onto expressway. A rear-end accident occurs in the traffic stream of vehicles backed-up from the ramp.

### **0. None:**

No influential feature detected that the analyst should pay attention to in studying the crash.

**F. MEDIAN BARRIER PENETRATION:** Select the one code which best describes the degree that the median barrier was penetrated.

**F. MEDIAN BARRIER PENETRATION:** 1. Full 2. Partial 3. None 4. Not Applicable

F

- Median barrier occurs on divided highways only.
- Median barrier penetration occurs only when a vehicle is not fully retained on the impact side of the median barrier.
- Partial penetration occurs when a vehicle is partially through or on top of the barrier.
- Full penetration occurs when the entire vehicle is on the other side of the barrier.
- Not applicable is the appropriate code when no median barrier is present or when the median barrier is present but was not impacted in the collision.

**G. CONSTRUCTION OR MAINTENANCE RELATED:** Select the code that describes the influence that highway construction or roadway maintenance activities had upon the occurrence of the accident.

**G. CONSTRUCTION OR MAINTENANCE RELATED:** 1. Yes; 2. No

G

- An accident need not involve construction or maintenance vehicles or equipment nor need it have occurred within the actual work site in order to be considered a construction or maintenance related accident.

**H. VEHICLE TYPE:** For each vehicle involved in the accident, enter the code which best describes the vehicle type.

H  
1

← VEHICLE #1		H. VEHICLE TYPE	VEHICLE #2 →
02. Automobile	08. Emergency Vehicle	14. Single Unit Truck (2 Axle, 4 Tire)	20. Tractor Semi-Trailer
03. Motorcycle	09. School Bus	15. Single Unit Truck (2 Axle, 6 Tire)	21. Tractor Double Trailers
04. Moped-Motor Scooter	10. Commercial Bus	16. Single Unit Truck (3 or more Axles)	22. Tractor Triple Trailers
05. Pedalcycle	11. Motorhome/Camper	17. Car-Trailer Combination	23. Heavy Vehicle (Unclassifiable)
06. Taxi	12. Off Road Vehicle	18. Truck-Trailer Combination	24. Construction Farm Equipment
07. Train	13. Passenger Van	19. Truck Tractor Only	25. Other
			26. Unknown

H  
2

- **CODE 01** has been eliminated, select the code that describes the non-contact vehicle.
- **OFF ROAD VEHICLE** - Code 12 should be utilized only for those vehicles exclusively made for off road travel.
- **PEDALCYCLE** - includes unicycles, bicycles and tricycles.
- **UTILITY VEHICLES**, such as: Jeep Cherokee; Ford Bronco; Chevy Blazer; etc., should be coded 14 Single Unit Truck (2 Axle, 4 Tire)
- **TRUCK TRACTOR ONLY** - Code 19 is reserved only for those vehicles rigged with a fifth wheel, not pulling a trailer. These vehicles are occasionally referred to as bobtails.
- **TRACTOR SEMI-TRAILER** - Code 20 is reserved only for a truck tractor pulling a semi-trailer, a semi-trailer being a trailer with wheels at the rear only.
- **TRUCK-TRAILER COMBINATION** - Code 18 is reserved for use to describe a truck pulling any type of trailer but does not include a tractor semi-trailer. Common truck trailer combinations include a pick up (Single Unit) truck pulling a small trailer such as: a boat trailer; a camp trailer; a landscape trailer; a utility trailer; etc. Another common truck trailer combination includes a dump truck hauling a trailer with heavy construction equipment.

**J. OBJECT STRUCK** - Utilize these fields to describe objects impacted by vehicles involved in the accident. Two objects may be coded for each involved vehicle. The appropriate object location fields must also be coded for each object struck.

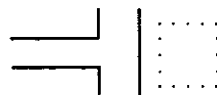
J 11	← OBJECT #1	TRAFFIC UNIT #1	J. OBJECT(S) STRUCK	TRAFFIC UNIT #2	OBJECT#1 →	J 21
	← OBJECT #2				OBJECT#2 →	
			01. Animal other than Deer 02. Bank, Ledge, Rock (Off Rd.) 03. Bridge Structure 04. Building, House 05. Catch Basin, Manhole 06. Const. Barricade, Barrel 07. Culvert, Endwall 08. Curbing 09. Deer 10. Ditch 11. Fence 12. Fire Hydrant 13. Foreign Object on Pavement 14. Highway Sign, Post, Delineator 15. Illumination Pole 16. Impact Attenuator 17. Jersey Barrier 18. Metal Beam Guide Rail 19. Overhead Sign Support 20. Railroad Appurtenance, Track 21. Traffic Control Device 22. Traffic Island 23. Tree 24. Underpass Ceiling 25. Utility Pole 26. Vehicle Off Road 27. Wall 28. Wire Rope Guiderail 29. Other			

- **BRIDGE STRUCTURE INCLUDES** - Bridge piers; bridge abutments; bridge parapet wall; bridge rail; etc., except the ceiling of an underpass, see code 24 Underpass Ceiling.
- **ILLUMINATION POLE** - Is a pole which provides lighting and does not carry utility wires that service any function other than lighting. See Code 25 Utility Pole.
- **IMPACT ATTENUATOR** - Includes but is not limited to such devices as: sand filled barrels, usually plastic; water filled tubes; metal drums; etc. These devices are generally located in a fixed pattern to protect a vehicle from striking an immovable object.
- **VEHICLE OFF ROAD** - This entry may only be used to indicate a collision with a vehicle that is located off the road and shoulder, which was not in motion and which otherwise presented no hazard to traffic. If a vehicle doesn't meet this condition it should be included as an involved vehicle and pertinent information concerning the vehicle, its driver and its owner should be entered in the appropriate fields.
- **WIRE ROPE GUIDERAIL** - This refers to two, three or four strand wire rope railing generally supported by wooden or steel posts that is placed adjacent to the roadway for the purpose of guiding a vehicle away from a potentially harm producing condition and back onto the travelway.

**K. OBJECT LOCATION:** This field may only be used in tandem with the object struck field. An object location code must be selected for each object struck coded above.

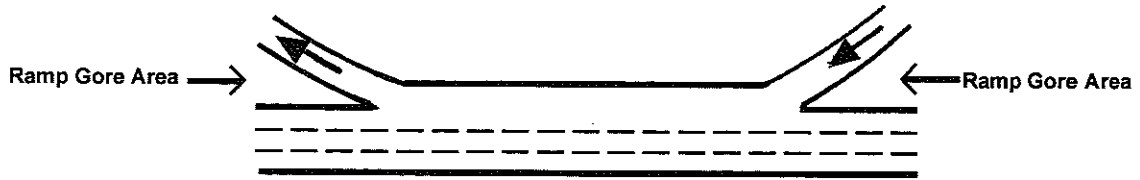
K 11	← OBJECT #1 LOCATION	TRAFFIC UNIT #1	K. OBJECT(S) LOCATION	TRAFFIC UNIT #2	OBJECT #1 LOCATION →	K 21
	← OBJECT #2 LOCATION				OBJECT #2 LOCATION →	
K 12			1. Off Road & Shoulder Ahead 2. In Roadway 3. On Shoulder, Right 4. On Shoulder, Left 5. Off Road & Shoulder, Right 6. Off Road & Shoulder, Left 7. On Median Divider 8. Gore Area, Ramp Nose 9. Over Roadway			

- **OFF ROAD AND SHOULDER AHEAD** refers to that location at a "T" intersection, directly in front of the unopposed leg of the intersection.



Dotted line defines area considered Off Road and Shoulder Ahead

- **GORE AREA (RAMP NOSE):** This is that area on a roadway that lies between the mainline and another converging or diverging roadway. This area extends for 200' from the point of convergence or divergence. This condition generally exists in interchange areas at the end of an on ramp or at the beginning of an off ramp.



**L. INVOLVED PERSON IDENTIFIER:** Each person involved in an accident must be identified with respect to that involvement.

**L. INVOLVED PERSON IDENTIFIER:** 1. Occ. Vehicle #1; 2. Occ. Vehicle #2; P. Pedestrian; W. Witness

L
1
2
3
4
5
6
7
8

- Occupants of a vehicle should be appropriately identified with the vehicle in which they were an occupant. Occupants of Vehicle #1 would be coded 1; Vehicle #3 would be coded 3; etc.
- For each vehicle occupant, fields M,N,O,P&Q must be completed.
- Each pedestrian and vehicle operator may only be reported on the first or second line of this section.
- Pedalcyclists should be treated as vehicle operators.
- Witnesses should be listed after all other vehicle occupants and pedestrians. Fields M,N,O,P&Q will not be completed for witnesses.
- Pedestrians - Fields N,O,P & Q will not be completed for pedestrians.

**M. INJURY CLASSIFICATION:** Each person involved in an accident must receive the appropriate injury codification.

**M. INJURY CLASSIFICATION:**

- K: Fatal Injury
- A: Incapacitating Injury (Prevents Return to Normal Activity)
- B: Non-Incapacitating Evident Injury
- C: Possible Injury (Claim of Non-evident Injury)
- N: Not Injured

M
1
2
3
4
5
6
7
8

- Uninjured persons should have the code "N" placed in this field.
- Only those individuals who succumb to their injuries within 30 days of the accident may receive the code "K". All those becoming deceased after the 30 day period should receive the code "A".
- Injury classification should be based on information available to the investigator at the time the accident report form is prepared, except in the event that an involved person subsequently dies within 30 days of the accident from injuries received or complications thereof, in which case the fatality must be reported.

**N. SEATING POSITION:** This entry will be utilized to indicate the positioning of each occupant with respect to the vehicle in or on which they were travelling. Enter the one code which best describes that position.

**N. SEATING POSITION** →

- 01. Front Seat Left/Motorcycle Driver
- 02. Front Seat Middle
- 03. Front Seat Right
- 04. Second Seat Left/Motorcycle Passenger
- 05. Second Seat Middle
- 06. Second Seat Right
- 07. Third Row Behind Driver/Motorcycle Pass
- 08. Third Row Behind Front Seat Middle
- 09. Third Row Right
- 10. Sleeper Section of Cab (Truck)
- 11. Enclosed Passenger or Cargo Area
- 12. Unenclosed Passenger or Cargo Area
- 13. Trailing Unit
- 14. Riding on Vehicle Exterior
- 15. Unknown

	N
1	
2	
3	
4	
5	
6	
7	
8	

- The operator of every vehicle including motorcycles and right hand drive vehicles should be coded 01.
- Motorcycle passengers - A single motorcycle passenger should be coded 04. If a second motorcycle passenger is involved that passenger would be coded 07.
- Codes 04-06 should be utilized for passengers riding in the rear seat of a conventional two seat vehicle
- Passengers who are seated in vehicles having more than three rows of seats and who are not seated in the first three rows should receive the code 11.

**O. OCCUPANT PROTECTION SYSTEM USE:** This field applies only to those individuals who are occupants of a motor vehicle.

**O. OCCUPANT PROTECTION SYSTEM USE:**

- 1. None Used - Vehicle Occupant
- 2. Shoulder Belt Only
- 3. Lap Belt Only
- 4. Shoulder and Lap Belt
- 5. Child Safety Seat
- 6. Helmet/High Visibility Clothing
- 7. Helmet/No High Visibility Clothing
- 8. No Helmet/High Visibility Clothing
- 9. Restraint Use Unknown



	O
1	
2	
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8	

**P. AIRBAG STATUS:** This field will be utilized to describe the airbag status as it relates to each occupant involved in the accident.

P. AIRBAG STATUS	
1. Deployed	↓
2. Not Deployed	
3. Not Applicable	
4. Unknown	

P

- **DEPLOYED**, Code 1, should be used only if the deployed airbag served to protect the subject individual.
- **NOT DEPLOYED**, Code 2, should be used only if an airbag was available for the protection of the subject individual and the airbag was not deployed.
- **NOT APPLICABLE**, Code 3, should be used in every instance where no airbag was available for the protection of the subject individual or where the subject individual was a motorcyclist or a pedalcyclist.
- **UNKNOWN**, Code 4, should be used whenever the availability of an airbag for the individual protection of a vehicle occupant cannot be determined.

**Q. EJECTION STATUS:** This field will be utilized to describe the ejection/trapped status of each person who was an occupant of a vehicle.

Q. EJECTION STATUS	
1. Not Applicable	↓
2. Totally Ejected	
3. Partially Ejected	
4. Trapped	
5. Unknown	

Q

# UNIFORM POLICE ACCIDENT REPORT FORM, SECOND OVERLAY

FORM PR-1

## R. COLLISION TYPE

- |                                 |                                   |             |                  |            |
|---------------------------------|-----------------------------------|-------------|------------------|------------|
| 01 Turning — Same Direction     | 05 Sideswipe — Opposite Direction | 09 Rear-end | 13 Pedestrian    | 17 Unknown |
| 02 Turning — Opposite Direction | 06 Miscellaneous — Non-Collision  | 10 Head-on  | 14 Jackknife     |            |
| 03 Turning — Intersecting Paths | 07 Overturn                       | 11 Backing  | 15 Fixed Object  |            |
| 04 Sideswipe — Same Direction   | 08 Angle                          | 12 Parking  | 16 Moving Object |            |

### TRAFFIC UNIT #1

1. None Apply; 2. Vehicle Slowing For; 3. Vehicle Stopped For; 4. Vehicle Skidded Slowing or Stopping For; 5. Vehicle Avoiding;

### TRAFFIC UNIT #1

- 01 Vehicle Going Straight
- 02 Vehicle Negotiating Curve
- 03 Vehicle on Wrong Side of Road
- 04 Vehicle Passing Same Direction on Left
- 05 Vehicle Passing Same Direction on Right
- 06 Vehicle Passing Improperly Parked Vehicle
- 07 Vehicle Turning Right from Proper Lane
- 08 Vehicle Turning Right from Improper Lane
- 09 Vehicle Turning Left from Proper Lane
- 10 Vehicle Turning Left from Improper Lane
- 11 Vehicle Making "U" Turn
- 12 Vehicle Turning Right from Driveway
- 13 Vehicle Turning Left from Driveway
- 14 Vehicle Turning Right on Red Light
- 15 Vehicle Engaged in Parking Maneuver
- 16 Occupant Exiting or Entering Vehicle
- 17 Vehicle Skidding in Roadway

### S. VEHICLE MANEUVER PREFIX

### T. VEHICLE MANEUVER SUFFIX

- 18 Vehicle Entering Traffic from Ramp
- 19 Vehicle Changing One Lane to Exit
- 20 Vehicle Changing More Than One Lane to Exit
- 21 Vehicle Changing Lane(s) to Left
- 22 Vehicle Changing Lane(s) to Right
- 23 Vehicle Changing More Than One Lane from Entrance
- 24 Vehicle Backing Along Roadway
- 25 Vehicle Backing Along Shoulder
- 26 Vehicle Backing into Roadway
- 27 Vehicle Backing into Driveway or Side Road
- 28 Vehicle Being Towed or Pushed
- 29 Vehicle Traveling on Shoulder
- 30 Vehicle Engaged in Highway Maintenance
- 31 Traffic Signal
- 32 Traffic
- 33 Traffic Sign
- 34 Traffic Officer
- 35 Stopped Vehicle

### TRAFFIC UNIT #2

### TRAFFIC UNIT #2

- 36 Parking
- 37 Parked Vehicle
- 38 Train
- 39 Bicycle
- 40 Motorcycle
- 41 Other
- 42 Emergency Vehicle
- 43 Turn Right
- 44 Turn Left
- 45 Mechanical Failure
- 46 Previous Accident
- 47 Construction or Maintenance Work
- 48 School Bus
- 49 Pedestrian in Road
- 50 Animal in Road
- 51 Foreign Object in Road
- 52 Unknown Reason

### TRAFFIC UNIT #1

### U. PEDESTRIAN MANEUVER

### TRAFFIC UNIT #2

- |                        |  |  |
|------------------------|--|--|
| 01 Directing Traffic   | 06 Crossing at Intersection With Signal    | 11 Entering or Exiting Vehicle                 |
| 02 Working in Road     | 07 Crossing at Intersection Against Signal | 12 Waiting for, Exiting or Entering School Bus |
| 03 Playing in Road     | 08 Crossing at Unsignalized Intersection   | 13 Walking or Jogging in Road                  |
| 04 Not in Road         | 09 Crossing Between Intersections          | 14 Other or Unknown                            |
| 05 Emergency Personnel | 10 Crossing From Behind Parked Vehicle     |  |

V. CONTRIBUTING FACTOR APPLIES TO: 1. Traffic Unit #1; 2. Traffic Unit #2; 3. Traffic Unit #3; etc.

### W. CONTRIBUTING FACTOR (Select one only)

- |                                  |                                     |   |                                       |
|----------------------------------|-------------------------------------|---|---------------------------------------|
| 01 Driving on Wrong Side of Road | 09 Slippery Surface                 | 17 Unsafe Use of Highway by Pedestrian  | 25 Traffic Signal Not Operating       |
| 02 Speed Too Fast for Conditions | 10 Driver Lost Control              | 18 Unsafe Right Turn on Red             | 26 Vehicle Involved in Emergency      |
| 03 Violated Traffic Control      | 11 Animal or Foreign Object in Road | 19 Driverless Vehicle                   | 27 Entered Roadway in Wrong Direction |
| 04 Under the Influence           | 12 Fell Asleep                      | 20 Insufficient Vertical Clearance      | 28 Roadway Width Restricted           |
| 05 Failed to Grant Right of Way  | 13 Defective Equipment              | 21 Proper Turn Signal Not Displayed     | 29 Unknown                            |
| 06 Improper Passing Maneuver     | 14 Driver Illness                   | 22 Disabled or Illegally Parked Vehicle | 30 Unsafe Backing                     |
| 07 Improper Lane Change          | 15 Driver's View Obstructed         | 23 Abnormal Road Condition              | 31 Improper Turning Maneuver          |
| 08 Following Too Closely         | 16 Unsafe Tires                     | 24 Vehicle Without Lights               |                                       |

### DATA ELEMENTS BELOW APPLY ONLY TO VEHICLES SUBJECT TO MOTOR CARRIER REGULATION

#### VEHICLE #1

#### X. DEFECTIVE EQUIPMENT

#### VEHICLE #2

1. Brakes; 2. Tires/Wheels; 3. Steering; 4. Suspension/Frame; 5. Lighting; 6. Other; 7. None; 8. Unknown;

#### VEHICLE #1

#### Y. NUMBER OF AXLES INCLUDING TRAILERS

#### VEHICLE #2

#### VEHICLE #1

#### Z. CARGO BODY TYPE

#### VEHICLE #2

1. Bus; 2. Van/Enclosed Box; 3. Cargo Tank; 4. Flatbed; 5. Dump; 6. Concrete Mixer; 7. Auto Transporter; 8. Garbage/Refuse; 9. Other;

#### EVENT #1

#### VEHICLE #1

#### AA. SEQUENCE OF EVENTS

#### VEHICLE #2

#### EVENT #1

#### EVENT #2

#### VEHICLE #1

#### AA. SEQUENCE OF EVENTS

#### VEHICLE #2

#### EVENT #2

#### EVENT #3

#### VEHICLE #1

#### AA. SEQUENCE OF EVENTS

#### VEHICLE #2

#### EVENT #3

#### EVENT #4

#### VEHICLE #1

#### AA. SEQUENCE OF EVENTS

#### VEHICLE #2

#### EVENT #4

- 01 Ran off the Road
- 02 Jackknife
- 03 Overturn
- 04 Downhill Runaway
- 05 Cargo Loss or Shift
- 06 Explosion or Fire
- 07 Separation of Units
- 08 Collision Involving Pedestrian

- 09 Collision involving Motor Vehicle in Transport
- 10 Collision involving Parked Motor Vehicle
- 11 Collision involving Train
- 12 Collision involving Pedalcycle
- 13 Collision involving Animal
- 14 Collision involving Fixed Object
- 15 Collision involving Other Object
- 16 Other

## INSTRUCTIONS FOR COMPLETING THE SECOND OVERLAY

**R. COLLISION TYPE:** Select the code which best describes the initial or first harm producing event.

<b>R. COLLISION TYPE</b>			
01. Turning - Same Direction	05. Sideswipe - Opposite Direction	09. Rear-end	13. Pedestrian
02. Turning - Opposite Direction	06. Miscellaneous - Non-Collision	10. Head-on	14. Jackknife
03. Turning - Intersecting Paths	07. Overturn	11. Backing	15. Fixed Object
04. Sideswipe - Same Direction	08. Angle	12. Parking	16. Moving Object
			17. Unknown

R

- **TURNING COLLISIONS:** In order for an accident to be classified as a turning collision 01, 02, or 03, one or more of the vehicles must be in the process of executing a turn.
- **SAME DIRECTION COLLISIONS:** 01, 04, and 09, require that both vehicles were initially travelling in the same direction, i.e. North vs North; South vs South; East vs East; or West vs West.
- **OPPOSITE DIRECTION COLLISIONS:** 02, 05, and 10, require that the initial collision must have involved vehicles initially travelling in opposite directions, i.e. North vs South or East vs West.
- **INTERSECTING PATH COLLISIONS:** 03 and 08, require that the initial collision must have involved vehicles initially travelling on intersecting paths, i.e. North vs East; North vs West; South vs East; or South vs West.
- **PARKING COLLISION:** Any accident that involves a vehicle maneuvering to enter into or exit from a parking space.
- **PEDESTRIAN COLLISION:** Any accident in which the first harm producing event is a collision with a pedestrian.
- **MISCELLANEOUS NON-COLLISION:** Examples: Occupant fell from moving vehicle; carbon monoxide poisoning in moving vehicle; breakage, explosion or fire in a moving vehicle resulting in bodily injury or property damage; object falling or thrown into, on or from a moving vehicle and resulting in bodily injury or property damage, etc.
- **ANGLE COLLISION:** An accident may be classified an angle collision if vehicles were travelling initially on intersecting paths and neither vehicle was in the process of executing a turn.
- **HEAD ON COLLISION:** Involved vehicles must initially be travelling in opposite directions.
- **REAR-END COLLISION:** Involved vehicles must initially be travelling in the same direction.
- **MOVING OBJECT COLLISION:** An accident may be classified as a moving object collision if the initial collision is with an object that is not fixed. This would include both moving or movable objects which may be either animate or inanimate.



## VEHICLE MANEUVER FIELDS

The vehicle maneuver consists of a PREFIX and a SUFFIX. These fields will be utilized by the investigating officer to describe the actions of each vehicle in a manner that will be helpful in understanding events and/or conditions that had an influence on the occurrence of the accident.

- A vehicle maneuver for one vehicle may be used to describe the actions of two vehicles, for example;

### PREFIX

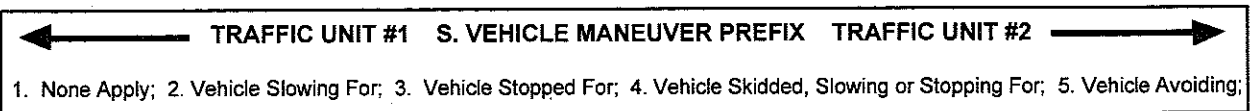
- 02. Vehicle Slowing For
- 03. Vehicle Stopped For
- 04. Vehicle Skidded Slowing or Stopping For
- 05. Vehicle Avoiding

### SUFFIX

- 35. Stopped Vehicle
- 09. Vehicle Turn Left
- 11. Vehicle Making "U" Turn
- 08. Vehicle turning right from improper lane

**S. VEHICLE MANEUVER PREFIX:** The Prefix will be used to describe a level of activity, if any, not reported in the Suffix.

S  
1



S  
2

**T. VEHICLE MANEUVER SUFFIX:** The SUFFIX may be used to:

- 1. Complete the vehicle maneuver description whenever a Prefix other than "None Apply" has been selected; see examples above, or to
- 2. Wholly describe the action of the vehicle; for example:

### PREFIX

- 01. None Apply
- 01. None Apply
- 01. None Apply
- 01. None Apply

### SUFFIX

- 02. Vehicle Negotiating Curve
- 19. Vehicle Changing One Lane to Exit
- 11. Vehicle Making "U" Turn
- 08. Vehicle Turning Right from Improper Lane

T  
1

← TRAFFIC UNIT #1	T. VEHICLE MANEUVER SUFFIX	TRAFFIC UNIT #2 →
01. Vehicle Going Straight	18. Vehicle Entering Traffic from Ramp	36. Parking
02. Vehicle Negotiating Curve	19. Vehicle Changing One Lane to Exit	37. Parked Vehicle
03. Vehicle on Wrong Side of Road	20. Vehicle Changing More Than One Lane to Exit	38. Train
04. Vehicle Passing Same Direction on Left	21. Vehicle Changing Lane(s) to Left	39. Bicycle
05. Vehicle Passing Same Direction on Right	22. Vehicle Changing Lane(s) to Right	40. Motorcycle
06. Vehicle Passing Improperly Parked Vehicle	23. Vehicle Changing More Than One Lane from Entrance	41. Other
07. Vehicle Turning Right from Proper Lane	24. Vehicle Backing Along Roadway	42. Emerg. Vehicle
08. Vehicle Turning Right from Improper Lane	25. Vehicle Backing Along Shoulder	43. Turn Right
09. Vehicle Turning Left from Proper Lane	26. Vehicle Backing into Roadway	44. Turn Left
10. Vehicle Turning Left from Improper Lane	27. Vehicle Backing into Driveway or Side Road	45. Mech. Failure
11. Vehicle Making "U" Turn	28. Vehicle Being Towed or Pushed	46. Prev. Accident
12. Vehicle Turning Right from Driveway	29. Vehicle Traveling on Shoulder	47. Const. or Maint. Work
13. Vehicle Turning Left from Driveway	30. Vehicle Engaged in Highway Maintenance	48. School Bus
14. Vehicle Turning Right on Red Light	31. Traffic Signal	49. Pedestrian in Road
15. Vehicle Engaged in Parking Maneuver	32. Traffic	50. Animal in Road
16. Occupant Exiting or Entering Vehicle	33. Traffic Sign	51. Foreign Obj. in Road
17. Vehicle Skidding in Roadway	34. Traffic Officer	52. Unknown Reason
	35. Stopped Vehicle	

T  
2

- Vehicle maneuver suffixes 01-30 may be used with any vehicle maneuver prefix
- Vehicle maneuver suffixes 31-52 may only be used with selected vehicle maneuver prefixes as outlined in the following table:

Code	Suffix Description	Usable Prefixes
31	Traffic Signal.....	2,3,4
32	Traffic.....	2,3,4
33	Traffic Sign.....	2,3,4
34	Traffic Officer.....	2,3,4,5
35	Stopped Vehicle.....	2,3,4,5
36	Parking.....	2,3
37	Parked Vehicle.....	2,3,4,5
38	Train.....	2,3,4,5
39	Bicycle.....	2,3,4,5
40	Motorcycle.....	2,3,4,5
41	Other.....	2,3,4
42	Emergency Vehicle.....	2,3,4,5
43	Turn Right.....	2,3,4
44	Turn Left.....	2,3,4
45	Mechanical Failure.....	2,3,4
46	Previous Accident.....	2,3,4,5
47	Construction or Maintenance Work.....	2,3,4,5
48	School Bus.....	2,3,4,5
49	Pedestrian in road.....	2,3,4,5
50	Animal in road.....	2,3,4,5
51	Foreign Object in Road.....	2,3,4,5
52	Unknown Reason.....	2,3,4

**U. PEDESTRIAN MANEUVER:** This field will be utilized to describe the action of each pedestrian involved in the accident. Select the one maneuver that best describes the pedestrian's action prior to the accident.

- **Emergency Personnel** - Select code 05 whenever rescue personnel are engaged in any rescue activity other than "Directing Traffic." Any of the following may be considered Emergency Personnel: Police Officer; Firefighter; Emergency Medical Service Provider; Wrecker Operator; DOT or Street Department Worker; Good Samaritan; etc.

<b>U</b> <b>1</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">←</div> <b>TRAFFIC UNIT #1</b>	<b>U. PEDESTRIAN MANEUVER</b>	<b>TRAFFIC UNIT #2</b> <div style="border-bottom: 1px solid black; margin-top: 5px;">→</div>	<b>U</b> <b>2</b>
	01. Directing Traffic 02. Working in Road 03. Playing in Road 04. Not in Road 05. Emergency Personnel	06. Crossing at Intersection With Signal 07. Crossing at Intersection Against Signal 08. Crossing at Unsignalized Intersection 09. Crossing Between Intersections 10. Crossing From Behind Parked Vehicle	11. Entering or Exiting Vehicle 12. Waiting for, Exiting or Entering School Bus 13. Walking or Jogging in Road 14. Other or Unknown	

### CONTRIBUTING FACTOR FIELDS

THE SELECTION OF A CONTRIBUTING FACTOR AND ITS ASSIGNMENT TO A SPECIFIC TRAFFIC UNIT DOES NOT NECESSARILY IMPLY LEGAL RESPONSIBILITY FOR THE OCCURRENCE OF AN ACCIDENT.

**V. CONTRIBUTING FACTOR APPLIES TO:** Enter the number of the Traffic Unit to which the contributing factor applies.

**V. CONTRIBUTING FACTOR APPLIES TO:** 1. Traffic Unit #1; 2. Traffic Unit #2; 3. Traffic Unit #3; etc. →

**W. CONTRIBUTING FACTOR:** Select the one factor whose absence you believe would have provided the greatest probability that the accident could have been avoided. The contributing factor is a circumstance associated with the accident that analysts or reconstructionists should be aware of if they want to take action to prevent recurrence of the crash.

<b>W. CONTRIBUTING FACTOR (Select one only)</b> <div style="float: right; border-bottom: 1px solid black; margin-bottom: 5px;">→</div>			<b>W</b>
01. Driving on the Wrong Side of Road 02. Speed Too Fast for Conditions 03. Violated Traffic Control 04. Under the Influence 05. Failed to Grant Right of Way 06. Improper Passing Maneuver 07. Improper Lane Change 08. Following Too Closely 09. Slippery Surface 10. Driver Lost Control	11. Animal or Foreign Object in Road 12. Fell Asleep 13. Defective Equipment 14. Driver Illness 15. Driver's View Obstructed 16. Unsafe Tires 17. Unsafe Use of Highway by Pedestrian 18. Unsafe Right Turn on Red 19. Driverless Vehicle 20. Insufficient Vertical Clearance	21. Proper Turn Signal Not Displayed 22. Disabled or Illegally Parked Vehicle 23. Abnormal Road Condition 24. Vehicle Without Lights 25. Traffic Signal Not Operating 26. Vehicle Involved in Emergency 27. Entered Roadway in Wrong Direction 28. Roadway Width Restricted 29. Unknown 30. Unsafe Backing 31. Improper Turning Maneuver	

**Example:** It has been determined that a driver had a view that was obstructed by the sun, was driving too fast for conditions, and violated a red traffic signal. The best contributing factor would be (15) DRIVER'S VIEW OBSTRUCTED. If the view was not obstructed, appropriate action would have been possible. Enforcement action would explain the rest of the events.

**Example:** A driver going too fast, passing in a no passing zone, loses control and runs off the road. Use (06) IMPROPER PASSING MANEUVER, as obviously the driver was going too fast for conditions and lost control. Using (02) TOO FAST FOR CONDITIONS or (10) DRIVER LOST CONTROL would not get the message across that there was also an improper passing maneuver.

- **TRAFFIC SIGNAL NOT OPERATING** - Enter into the narrative section, the reason for selecting this code; e.g.: power failure; signal malfunction; etc.
- **DEFECTIVE EQUIPMENT** - Describe the defective equipment in the narrative section.
- **DRIVER VIEW OBSTRUCTED** - Describe the obstruction in the narrative section.
- **ENTERED ROADWAY IN WRONG DIRECTION** - Describe the point of entry in the narrative section.
- **ABNORMAL ROAD CONDITION** - Describe the condition in the narrative section.
- **ROADWAY WIDTH RESTRICTED** - Describe the nature of the restriction in the narrative section.

# **DATA ELEMENTS BELOW APPLY ONLY TO VEHICLES SUBJECT TO MOTOR CARRIER REGULATION**

## **INSTRUCTIONS FOR COMPLETING SHADED AREAS**

**Report only that data relative to a QUALIFYING VEHICLE involved in a QUALIFYING ACCIDENT**

### **DEFINITIONS:**

#### **QUALIFYING VEHICLE**

- Any motor vehicle displaying a hazardous material placard, or
- Any motor vehicle equipped for carrying property and having at least two axles and six tires, or
- Any motor vehicle designed to transport more than fifteen persons including the driver.

#### **QUALIFYING ACCIDENT**

- Any accident that involves a QUALIFYING VEHICLE and which results in one of the following:
  - Fatality to any person or
  - Injury to any person that requires immediate medical treatment away from the accident site, or
  - Disablement of any vehicle as a result of damage sustained in the accident

Once that it has been determined that a qualifying vehicle(s) has been involved in a qualifying accident, the data pertinent to the qualifying vehicle(s) only will be entered into the spaces provided in the shaded areas.

**X. DEFECTIVE EQUIPMENT:** This field will be utilized to describe the condition of the equipment.

X  
1

← VEHICLE #1	X. DEFECTIVE EQUIPMENT	VEHICLE #2 →
1. Brakes; 2. Tires/Wheels; 3. Steering; 4. Suspension/Frame; 5. Lighting; 6. Other; 7. None; 8. Unknown;		

X  
2

**Y. NUMBER OF AXLES INCLUDING TRAILERS:** This field will be used to report the total number of axles for the entire vehicle configuration of the qualifying vehicle(s). Auxilliary axles must be included.

Y  
1

← VEHICLE#1	Y. NUMBER OF AXLES INCLUDING TRAILERS	VEHICLE #2 →

Y  
2

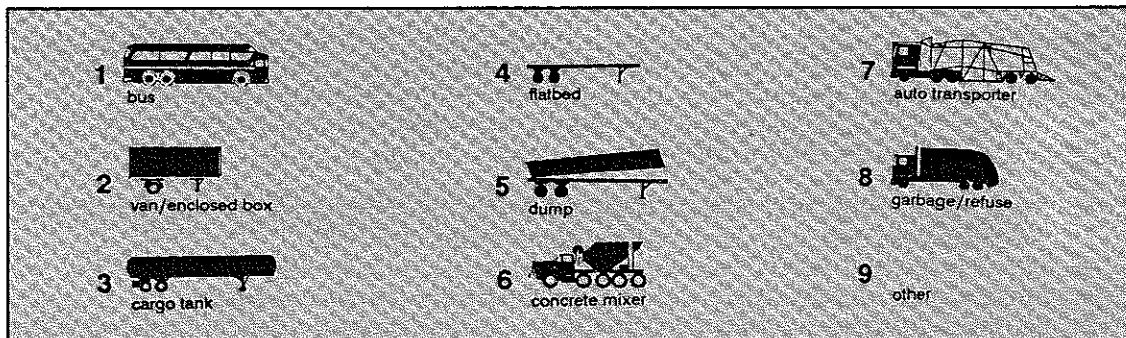
**Z. CARGO BODY TYPE:** This field will be used to report the cargo body type. Select the code that best describes the type of cargo body of the qualifying vehicle(s).

Z  
1

← VEHICLE #1	Z. CARGO BODY TYPE	VEHICLE#2
1. Bus; 2. Van/Enclosed Box; 3. Cargo Tank; 4. Flatbed; 5. Dump; 6. Concrete Mixer; 7. Auto Transporter; 8. Garbage/Refuse; 9. Other;		

Z  
2

- Exhibited below are typical profiles of cargo body types.



- Pickup trucks will be classified "Other."
- Multiple use configurations, such as a dump truck hauling a flat bed would be classified "Other."

**AA. SEQUENCE OF EVENTS:** This field will be used to report the sequence of events. Describe the events in sequence for each qualifying vehicle. Not all qualifying vehicles will experience more than one event; however, each applicable event should be recorded in the order in which it occurred. Record only the first four events.

VEHICLE #1		AA. SEQUENCE OF EVENTS		VEHICLE #2	
AA 11	← EVENT #1	01. Ran off the Road	09. Collision involving Motor Vehicle in Transport	EVENT #1 →	AA 21
AA 12	← EVENT #2	02. Jackknife	10. Collision involving Parked Motor Vehicle	EVENT #2 →	AA 22
AA 13	← EVENT #3	03. Overtum	11. Collision involving Train	EVENT #3 →	AA 23
AA 14	← EVENT #4	04. Downhill Runaway	12. Collision involving Pedalcycle	EVENT #4 →	AA 24
		05. Cargo Loss or shift	13. Collision involving Animal		
		06. Explosion or Fire	14. Collision involving Fixed Object		
		07. Separation of Units	15. Collision involving Other Object		
		08. Collision Involving Pedestrian	16. Other		

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT										FORM PR-1 Rev. 5/94	
GPS READINGS: Latitude: _____											
Time: _____ Longitude: _____											
DATE OF ACCIDENT Month Day Year			MILITARY TIME		ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO		# VEHICLES INVOLVED		PAGE # _____ of _____		
TOWN OR CITY NAME			TOWN CODE		ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #) _____ at _____						
IF NOT AT INTERSECTION			<input type="checkbox"/> Feet		2. DIRECTION		3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER				
1. MEASURE DISTANCE _____			<input type="checkbox"/> Tenths of Mile <input type="checkbox"/> North <input type="checkbox"/> South				of _____				
(✓ Check Appropriate Boxes)			<input type="checkbox"/> Meters <input type="checkbox"/> East <input type="checkbox"/> West				Accident Occurred: <input type="checkbox"/> On Private Property <input type="checkbox"/> Parking Lot				
TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle			TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle								
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)										OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)	
ADDRESS (Street Number & Name)					PROPER LICENSE CLASS		ADDRESS (Street Number & Name)				
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
CITY OR TOWN			STATE		ZIP CODE		SEX		CITY OR TOWN		
							<input type="checkbox"/> M <input type="checkbox"/> F				
OPERATOR LICENSE #			STATE		DATE OF BIRTH		OPERATOR LICENSE #		STATE		
					Month Day Year				Month Day Year		
OWNER'S NAME (Enter SAME if Owner is Operator)										OWNER'S NAME (Enter SAME if Owner is Operator)	
ADDRESS (Street Number and Name)										ADDRESS (Street Number and Name)	
CITY OR TOWN			STATE		ZIP CODE		CITY OR TOWN		STATE		
REGISTRATION #			STATE		VEHICLE YEAR AND MAKE		REGISTRATION #			STATE	
VEHICLE IDENTIFICATION NUMBER										VEHICLE IDENTIFICATION NUMBER	
CARRIER NAME										CARRIER NAME	
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)										CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	
SOURCE OF CARRIER NAME										SOURCE OF CARRIER NAME	
<input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> USDOT # <input type="checkbox"/> ICDMC #										<input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> USDOT # <input type="checkbox"/> ICDMC #	
<input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle										<input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	
GROSS VEHICLE WEIGHT			HAZARDOUS MATERIAL PLACARD		REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4 Digit #		GROSS VEHICLE WEIGHT			HAZARDOUS MATERIAL PLACARD	
RATING #			REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4 Digit #		DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4 Digit #		RATING #			REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4 Digit #	
HAZARDOUS CARGO			ENFORCEMENT ACTION TAKEN		<input type="checkbox"/> None		HAZARDOUS CARGO			ENFORCEMENT ACTION TAKEN	
RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning				RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning	
STATUTE OR ORDINANCE #S					SUBJECT OF ACTION		STATUTE OR ORDINANCE #S		SUBJECT OF ACTION		
					<input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian				<input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian		
AUTOMOBILE INSURANCE — NAME — POLICY #										AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED										PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE										VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	

L. M. N.			NAME AND ADDRESS OF EACH INVOLVED PERSON				Date of Birth			O.	P.	Q.
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1									1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2									2
3							Month	Day	Year			3
4							Month	Day	Year			4
5							Month	Day	Year			5
6							Month	Day	Year			6
7							Month	Day	Year			7
8							Month	Day	Year			8

## INSTRUCTIONS FOR COMPLETING THE FACE PAGE

1. **GPS READINGS:** This field will not be placed in use until such time as GPS technology becomes available to investigating police authorities. GPS is an acronym which stands for Global Positioning System. GPS technology will provide Latitude, Longitude and Time readings that can be converted to a roadway location.

GPS READINGS:  
TIME:

LATITUDE:  
LONGITUDE:

When GPS technology does become available the following instructions will apply...

- a. **TIME:** This field will be used to report the exact time that the GPS readings were obtained.
- b. **LATITUDE:** This field will be used to report the exact latitude reading received from the GPS.
- c. **LONGITUDE:** This field will be used to report the exact longitude reading received from GPS.

2. **FOR DOT USE ONLY:** The blank space in the upper right portion of the report above the POLICE CASE NUMBER is reserved for placement of special DOT coding that will be used to track the accident cases within the DOT computer system. YOUR COMPLIANCE WITH THIS REQUEST WILL MAKE DOT'S WORK MORE EFFICIENT.

FOR DOT USE ONLY

3. **DATE OF ACCIDENT:** Enter the date of the accident month, day and year.

DATE OF ACCIDENT		
MO	DAY	YEAR

4. **MILITARY TIME:** Enter the time that the accident occurred using Military Time. Note: The time of the accident is not necessarily the time that the investigating officer was dispatched to the scene.

MILITARY TIME	

5. **ACCIDENT SEVERITY:** Place a check mark to indicate the most severe outcome of the accident. There must be only one box checked for each accident.

ACCIDENT SEVERITY		
<input type="checkbox"/> Fatal	<input type="checkbox"/> Injury	<input type="checkbox"/> PDO

6. **NUMBER OF VEHICLES INVOLVED:** Enter the number of vehicles that are involved in the accident.

#VEHICLES INVOLVED
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7. **PAGE NUMBER:** Enter the number of pages that comprise the full report in the second of the two blank spaces and the sequential number of each page in the first blank provided.

PAGE #
____ OF ____

- Each separate side of paper is considered a page.
- Carbon copies need not be separately numbered.

8. **POLICE CASE NUMBER:** Enter the case number that your department assigned to this accident case.

POLICE CASE NUMBER
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9. **TOWN OR CITY:** Enter the name of the city or town in which the accident occurred.

TOWN OR CITY NAME
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10. **TAX TOWN CODE:** Enter the tax code of the city or town in which the accident occurred.

TOWN CODE

- A complete list of town codes can be found on page 32.

11. **ACCIDENT OCCURRED ON:** Enter the street name and/or the route number upon which the accident occurred. If the accident occurred at an intersection, also enter the street name and/or the route number of the intersecting street.

ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #)
_____ at _____

- When two vehicles both travelling on different roads have an accident at the intersection of those roads, the road that was being travelled by the vehicle whose operator violated the traffic control (i.e., stop sign; yield sign; traffic signal, etc.) or failed to grant the right of way, should appear as the road that the accident occurred on.



- 12. IF NOT AT INTERSECTION:** These fields will be used to describe the exact location of any accident not occurring at an intersection. The investigator will measure the distance between the point of accident and the nearest intersection, town line or mile marker.

IF NOT AT INTERSECTION		
1. MEASURE DISTANCE _____ (Check appropriate boxes) <input type="checkbox"/> Feet <input type="checkbox"/> Tenths of Mile <input type="checkbox"/> Meters <input type="checkbox"/> Kilometers	2. DIRECTION <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER OF _____ Accident Occurred: <input type="checkbox"/> On Private Property <input type="checkbox"/> Parking Lot

- a) **MEASURE DISTANCE:** The investigator will record the actual distance measured in the space provided and place a check in that box which describes the unit of measurement, i.e.: feet; tenths of a mile; meter or kilometers.

- This entry may be one of the most difficult from the perspective of the accident investigator, while also being the most important entry from the view of the legal traffic authority and the traffic engineer. If remedial action is to occur, where appropriate, all accidents that occur at the same place must be located at the same place.

- b) **DIRECTION:** The investigator will place a check mark in that box which indicates the direction to or from the nearest intersecting street, town line or mile marker to the accident location.

- c) **NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER:** Enter the name of the nearest intersecting street, town line or mile marker to or from which the measurement was taken.

- Do not use street addresses, utility pole numbers or business names in this field because traditional locating systems utilized by legal traffic authorities and traffic engineers are unable to process this information.
- If the accident occurred on private property or in a parking lot a check mark must be placed in the appropriate box.

- 13. TRAFFIC UNIT:** Place a check mark in the appropriate box to indicate whether the traffic unit was: a vehicle (involved in the accident); a pedestrian ; or a non-contact vehicle.

TRAFFIC UNIT #1	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Non-Contact Vehicle
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- vehicle refers to any vehicle that was physically involved in the accident. This includes pedalcycles.
- Non-contact vehicle is a vehicle that was not physically involved in the accident but without whose presence it is unlikely that the accident would have occurred.
- Traffic unit status will be accorded to any non-contact vehicle whose operator was, or if known, would have been issued a citation.

- Each accident report provides space for the reporting of two Traffic Units. Whenever the number of Traffic Units exceeds two, additional PR-1 forms are required. For example, in an accident involving five Traffic Units a total of three PR-1's are required. The third, fourth and fifth vehicles will always be reported as Traffic Units 3, 4, and 5, respectively. The preprinted Traffic Unit Numbers 1 and 2 on the second and third PR-1's must be crossed out and the correct Traffic Unit Number substituted accordingly.
- Traffic Unit # and Vehicle #, when used anywhere in the report, must be coincidental.

**14. OPERATOR OR PEDESTRIAN NAME:** Enter the name of the operator or the pedestrian: last name, first name and middle initial.

OPERATOR #1 or PEDESTRIAN NAME: (Last, First, Middle Initial)

**15. OPERATOR OR PEDESTRIAN ADDRESS:** Enter the full address of the operator or pedestrian.

ADDRESS (Street Number & Name):

CITY OR TOWN                      STATE      ZIP CODE

- a) Address (street number and name): Enter the street number and the street name of the operator or the pedestrian.
- b) City or Town, State, Zip Code: Enter the name of the city or town, the state and the zip code of the residence of the operator or the pedestrian.

- State: The two letter United States Postal Service (USPS) abbreviations must be used.

**16. PROPER LICENSE CLASS:** Indicate if the operator was operating a vehicle for which he was properly licensed by placing a check mark in the appropriate box.

PROPER LICENSE CLASS

☐ Yes      ☐ No

**17. SEX:** Enter the gender of the operator or pedestrian by placing a check mark in the appropriate box.

SEX

☐ M      ☐ F

**18. OPERATOR LICENSE #; STATE:** Enter the full license number of the operator together with the appropriate two letter USPS abbreviation of the licensing state.

OPERATOR LICENSE #

STATE

- 19. OPERATOR OR PEDESTRIAN DATE OF BIRTH:** Enter the birth date of the operator or the pedestrian using the last two digits of the year of birth.

DATE OF BIRTH		
Month	Day	Year

- 20. OWNER'S NAME AND ADDRESS:** If the operator is the owner of the vehicle enter SAME in the space provided for the owner's name; otherwise enter the owner's name and address in accordance with the instructions for entering the operator's name and address.

OWNER'S NAME (Enter SAME if Owner is Operator)		
ADDRESS(Street Number and Name)		
CITY OR TOWN	STATE	ZIP CODE

- 21. BODY TYPE:** Enter the body type of the subject vehicle; e.g.: 4 DR Sedan, Conv.; 2 DR HDTP, etc.

BODY TYPE
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- Abbreviations of the body type are acceptable.

- 22. REGISTRATION #; STATE:** Enter the full registration number of the subject vehicle together with the appropriate two letter USPS abbreviation of the registering state.

REGISTRATION#	STATE
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- 23. VEHICLE YEAR AND MAKE:** Enter the model year and make of the subject vehicle.

VEHICLE YEAR AND MAKE
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- 24. VEHICLE IDENTIFICATION NUMBER:** Enter the vehicle identification number (VIN) as it appears on the vehicle.

VEHICLE IDENTIFICATION NUMBER																

- Special attention will ensure the accuracy of the VIN.
- In the event that the VIN cannot be determined from the vehicle due to circumstances beyond the control of the investigator, the VIN may be obtained from other documentation that may be available.

## MOTOR CARRIER FIELDS

Fields 25 through 30 deal solely with vehicles subject to motor carrier regulation and as such will only be completed when certain conditions are met. These conditions are listed on page 16 of this manual.

The Carrier Information blocks are used to report information on the commercial carrier that has caused and directed the movement of cargo or passengers. If more than one vehicle involved in the accident meets the definition of a qualifying vehicle, the required data for each qualifying vehicle must be reported.

Identifying the motor carrier can be difficult. A motor carrier is "The business entity, individual, partnership, corporation, or religious organization responsible for the transportation of the goods, property, or people." The goal is to record the carrier's name, the carrier's address, and at least one carrier identifying number.

The shipping papers are the most reliable means of identifying the carrier and the carrier address. However, following severe accidents and under other unusual circumstances, the shipping papers may not be available. In these cases, the officer must rely on backup sources, such as the name printed on the side of the vehicle, or questioning the driver.

- 25. CARRIER NAME; CARRIER ADDRESS:** Enter the full name of the motor carrier responsible for directing the transportation of the cargo or persons within the subject vehicle, together with the address of the carrier's principal place of business.

CARRIER NAME:
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

- 26. SOURCE OF CARRIER NAME:** Enter a check mark to indicate the source from which the carrier name was determined. Shipping papers are normally associated with trucks, while trip manifests are associated with busses.

SOURCE OF CARRIER NAME
<input type="checkbox"/> SHIPPING PAPERS/ TRIP MANIFEST
<input type="checkbox"/> DRIVER <input type="checkbox"/> SIDE OF VEHICLE

- 27. CARRIER IDENTIFICATION NUMBER:** Place a check mark in the appropriate box to identify whether the number being recorded is a United States Department of Transportation (USDOT) or an Interstate Commerce Commission Motor Carrier (ICCMC) number. Enter the appropriate six digit number in the space provided.

<input type="checkbox"/> USDOT #
<input type="checkbox"/> ICCMC #

- Not every qualifying vehicle will have an assigned USDOT or ICCMC number. USDOT numbers will always be preceded by "USDOT".
- ICCMC numbers will usually be preceded by "ICCMC;" however, they may be preceded by either "ICC" or "MC".
- In certain instances, a carrier may be associated with more than one of the required numbers. Investigators must choose only one number to record.

- 28. GROSS VEHICLE WEIGHT RATING (GVWR):** The Gross Vehicle Weight Rating is the sum of all the individual GVWR ratings for the power unit and all of the trailing units. Enter the sum of the GVWR ratings in the space provided.

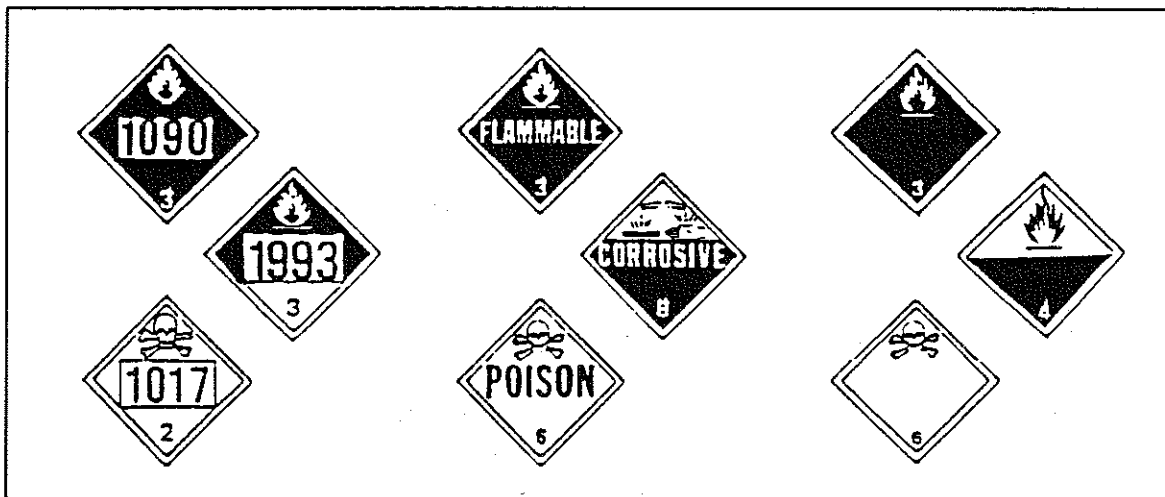
GROSS VEHICLE WEIGHT  
RATING #

- The GVWR for most 4 tire and some 6 tire vehicles is located on a metal plate on the driver's door edge or door latch post.
- The GVWR for larger trucks is usually found on the driver's side of the vehicle on the hinge pillar, door latch post or door edge.
- The GVWR for most trailers is located on a plate mounted on the frame near the front left corner of the trailer.
- The GVWR for buses need not be reported. The entry "NA" (not applicable) may be written in the GVWR space.

#### HAZARDOUS MATERIAL INVOLVEMENT

**Fields 29 and 30 are both concerned with Hazardous Material Involvement**

- Most vehicles carrying hazardous materials are required by law to conspicuously display a placard indicating the class, type, or the specific name of the hazardous material cargo.
- Vehicles transporting hazardous materials in tank cars, cargo tanks, or portable tanks are required to display the 4-digit hazardous materials number assigned to the specific material on placards or orange panels.
- Hazardous material placards will either be diamond or rectangular in shape.



**29.) HAZARDOUS MATERIAL PLACARD:** The following four fields will be used to report information relative to the Hazardous Material Placard.

HAZARDOUS MATERIAL PLACARD			
REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 4 DIGIT # _____
DISPLAYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 1 DIGIT # _____

a.) Hazardous Material Placard Required? Enter a check mark in the appropriate box to indicate if a hazardous material placard was required.

- This field will be used to indicate if the subject vehicle was carrying a hazardous material.

b.) Hazardous Material Placard Displayed? Enter a check mark in the appropriate box to indicate if a hazardous material placard was displayed.

- If it is concluded that a vehicle displaying a hazardous material placard was not required to display a placard the proper coding for this field is "No".

c.) Hazardous Material 4 Digit Number: Enter the 4 digit number from the middle of the diamond placard or from the rectangular placard. If a 4 digit number is not displayed enter the type of hazardous material as displayed on the placard.

- If multiple placards are displayed the investigator should enter only the information from one of the placards.
- The four digit identification number assigned to the hazardous material involved may be preceded by the letters "UN" or "NA" on the orange rectangular placards. In the event these markings are found the investigator should only indicate whether the number is preceded with a "UN" or "NA".

d.) Hazardous Material 1 Digit Number: Enter the 1 digit number, where applicable, from the bottom tip of the diamond placard.

**30.) HAZARDOUS CARGO RELEASED?:** Enter a check mark in the appropriate box to indicate whether hazardous cargo was released into the environment as a result of the accident.

HAZARDOUS CARGO RELEASED?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

- Fuel spilled from a vehicles's fuel tank does not constitute a release of hazardous cargo.

- 31.) **ENFORCEMENT ACTION TAKEN:** Enter a check mark in the appropriate box to indicate the enforcement action that was taken with respect to this traffic unit.

ENFORCEMENT ACTION TAKEN: <input type="checkbox"/> None		
ARREST <input type="checkbox"/>	WRITTEN WARNING <input type="checkbox"/>	VERBAL WARNING <input type="checkbox"/>

- 32.) **STATUTE # OR ORDINANCE #:** Enter the statute numbers or ordinance numbers that were violated by the individual or vehicle with respect to this traffic unit. In the event that the list of violations is extensive, list the most severe violations in the block provided. The remaining violations should be listed in the narrative section on the back of the form.

STATUTE OR ORDINANCE #S
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- 33.) **SUBJECT OF ENFORCEMENT ACTION:** Place a check mark in the appropriate box to indicate which individual or entity is the subject of the enforcement action.

SUBJECT OF ACTION	<input type="checkbox"/> Operator	<input type="checkbox"/> Carrier
	<input type="checkbox"/> Owner	<input type="checkbox"/> Pedestrian

- In the event that multiple individuals and/or entities are to be cited, enforcement action should be reported for only one individual or entity for items 31-33 and the additional action(s) along with the appropriate statute and ordinance numbers should be reported in the narrative section of this form.

- 34.) **AUTOMOBILE INSURANCE COMPANY NAME - POLICY #:** Enter the name of the company that provides the automobile insurance for the subject vehicle, followed by the automobile insurance policy number.

AUTOMOBILE INSURANCE - NAME - POLICY#

- 35.) **PARTS OF VEHICLE DAMAGED:** Enter a list of the parts of the vehicle that were damaged as a result of the accident.

- When extensive damage is incurred, describe the most severely damaged areas first.

PARTS OF VEHICLE DAMAGED

- 36.) **VEHICLE TOWED TO:** Enter the name of the towing service and enter the address where the vehicle may be retrieved. Enter a check mark in the box "Towed due to Damage" if the vehicle was towed due to damage incurred as a result of this accident.

VEHICLE TOWED TO: ☐ TOWED DUE TO DAMAGE

- 37.) **ALL INVOLVED PERSONS:** Enter the name, address, and date of birth for each passenger and witness.

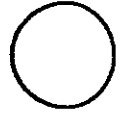
NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth
TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN # 1	
TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN # 2	
	Month Day Year
	Month Day Year
	Month Day Year
	Month Day Year
	Month Day Year
	Month Day Year
	Month Day Year

- The first two lines of this section are reserved for operators and pedestrians only.
- The names, addresses, and dates of birth of operators and pedestrians have been recorded above and are not required in this field.
- When the number of involved persons exceeds available space, additional forms must be utilized.



## ACCIDENT DIAGRAM

INDICATE NORTH



TRAFFIC UNIT # \_\_\_\_\_ TRAVELING

☐ N ☐ S ☐ E ☐ W ON \_\_\_\_\_

TRAFFIC UNIT # \_\_\_\_\_ TRAVELING

☐ N ☐ S ☐ E ☐ W ON \_\_\_\_\_DAMAGE TO PROPERTY  
OTHER THAN  
INVOLVED VEHICLES

1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

RANK AND SIGNATURE OF INVESTIGATING OFFICER

OFFICER ID#

POLICE AGENCY IDENTIFICATION

REPORT DATE

CASE STATUS

OPEN ☐CLOSED ☐

SUPERVISOR

## INSTRUCTIONS FOR COMPLETING THE BACK OF THE FORM

- 38.) ACCIDENT DIAGRAM:** This space will be utilized to draw a diagram of the accident occurrence. The maneuvers and paths of all motor vehicles, pedestrians and pedalcyclists are to be diagrammed. An arrow indicating north should be placed in the circle provided. The police case number and page # - of - must be entered in the upper right portion of the back of the form above the accident diagram.

Page# _____ of _____
----------------------

Police Case Number _____
--------------------------

- All involved vehicles should be numbered in such a manner that the vehicle numbers are coincidental with the vehicle numbers described in the narrative section.
- The paths of vehicles before a collision should be indicated by an unbroken line.
- The paths of vehicles after a collision should be indicated by a broken line. \_\_\_\_\_
- The paths of pedestrians should be shown as a broken line. \_\_\_\_\_
- Non-contact vehicles should be indicated as **NC** ➤
- Pedestrians should be shown **P**
- Pedalcyclists will be shown **B**
- All roadways must be labeled with a name or route number.
- House #'s, utility pole #'s and business names may be used in the diagram.
- Include traffic controls and crosswalks where appropriate.

- 39.) DIRECTION OF TRAVEL:** Enter the direction of travel and the name of the street being travelled for each Traffic Unit involved.

TRAFFIC UNIT#	TRAVELING	TRAFFIC UNIT#	TRAVELING
<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	ON _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	ON _____

- 40.) ACCIDENT NARRATIVE:** This space is provided for entry of an appropriate description of the accident occurrence.

- This space may also be utilized to conclude the reporting of enforcement action taken.
- Vehicles may be referred to by number, provided that the vehicle numbers are coincidental with vehicle numbers displayed in the diagram and traffic unit numbers assigned on the face page of the form.
- The accident should be described as the investigator believes, through examination of all relevant evidence, that it occurred.

**41.) DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES:**

- a.) Enter a description of the nature and extent of all damage to property other than involved vehicles.
- b.) Enter the name and address, where known, of the owner of the damaged property.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
	NAME AND ADDRESS OF PROPERTY OWNER
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
	NAME AND ADDRESS OF PROPERTY OWNER

- When state and/or municipal property is damaged special attention should be given to ensure that the damage is concisely described and that all information with respect to the responsible operator and owner, including insurance information, is provided. Special emphasis should be placed on accurately describing the accident location.

**42.) INVESTIGATING AGENCY DATA:** Specific information relative to the investigation; the investigator; and the investigating agency will be entered in the appropriate fields.

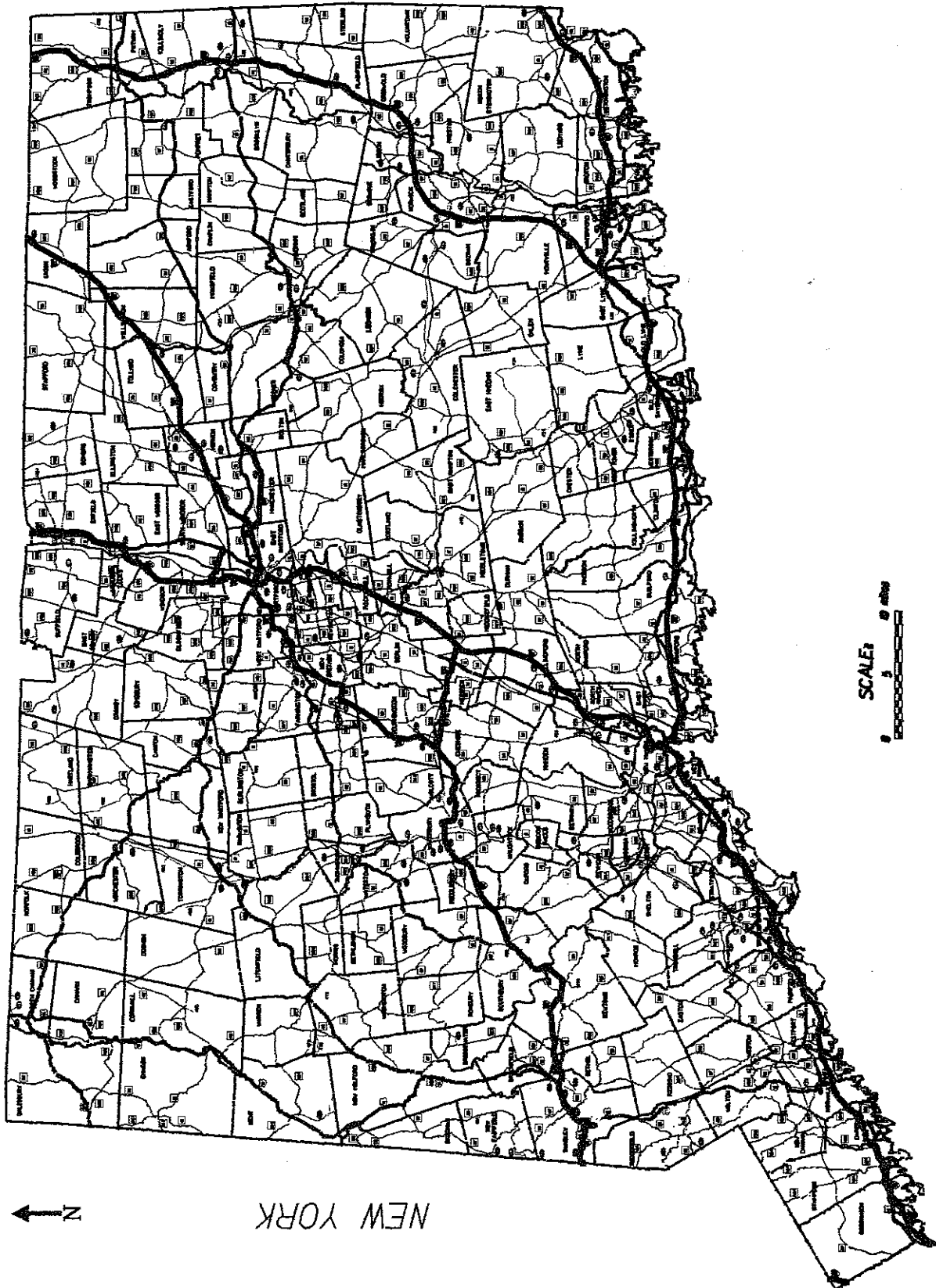
RANK AND SIGNATURE OF INVESTIGATING OFFICER	OFFICER ID#	POLICE AGENCY IDENTIFICATION	REPORT DATE	CASE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	SUPERVISOR
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- a) Rank and Signature of Investigating Officer: This field will contain the signature and rank of the investigating officer.
- b) Officer Identification Number: Enter the badge number or other identifying number assigned to the investigator by the investigating agency.
- c) Police Agency Identification: Enter the name of the investigating agency.
- d) Report Date: Enter the date that the investigating officer completed this report.
- e) Case Status: Enter a check mark in the appropriate box to indicate whether the case remains opened or has been closed.
- f) Supervisor: Enter the name of the supervisor who has reviewed and approved this report.

## TOWN CODES

001 Andover	057 Greenwich	113 Portland
002 Ansonia	058 Griswold	114 Preston
003 Ashford	059 Groton	115 Prospect
004 Avon	060 Guilford	116 Putnam
005 Barkhamsted	061 Haddam	117 Redding
006 Beacon Falls	062 Hamden	118 Ridgefield
007 Berlin	063 Hampton	119 Rocky Hill
008 Bethany	064 Hartford	120 Roxbury
009 Bethel	065 Hartland	121 Salem
010 Bethlehem	066 Harwinton	122 Salisbury
011 Bloomfield	067 Hebron	123 Scotland
012 Bolton	068 Kent	124 Seymour
013 Bozrah	069 Killingly	125 Sharon
014 Branford	070 Killingworth	126 Shelton
015 Bridgeport	071 Lebanon	127 Sherman
016 Bridgewater	072 Ledyard	128 Simsbury
017 Bristol	073 Lisbon	129 Somers
018 Brookfield	074 Litchfield	130 Southbury
019 Brooklyn	075 Lyme	131 Southington
020 Burlington	076 Madison	132 South Windsor
021 Canaan	077 Manchester	133 Sprague
022 Canterbury	078 Mansfield	134 Stafford
023 Canton	079 Marlborough	135 Stamford
024 Chaplin	080 Meriden	136 Sterling
025 Cheshire	081 Middlebury	137 Stonington
026 Chester	082 Middlefield	138 Stratford
027 Clinton	083 Middletown	139 Suffield
028 Colchester	084 Milford	140 Thomaston
029 Colebrook	085 Monroe	141 Thompson
030 Columbia	086 Montville	142 Tolland
031 Cornwall	087 Morris	143 Torrington
032 Coventry	088 Naugatuck	144 Trumbull
033 Cromwell	089 New Britain	145 Union
034 Danbury	090 New Canaan	146 Vernon
035 Darien	091 New Fairfield	147 Voluntown
036 Deep River	092 New Hartford	148 Wallingford
037 Derby	093 New Haven	149 Warren
038 Durham	094 Newington	150 Washington
039 Eastford	095 New London	151 Waterbury
040 East Granby	096 New Milford	152 Waterford
041 East Haddam	097 Newtown	153 Watertown
042 East Hampton	098 Norfolk	154 Westbrook
043 East Hartford	099 North Branford	155 West Hartford
044 East Haven	100 North Canaan	156 West Haven
045 East Lyme	101 North Haven	157 Weston
046 Easton	102 North Stonington	158 Westport
047 East Windsor	103 Norwalk	159 Wethersfield
048 Ellington	104 Norwich	160 Willington
049 Enfield	105 Old Lyme	161 Wilton
050 Essex	106 Old Saybrook	162 Winchester
051 Fairfield	107 Orange	163 Windham
052 Farmington	108 Oxford	164 Windsor
053 Franklin	109 Plainfield	165 Windsor Locks
054 Glastonbury	110 Plainville	166 Wolcott
055 Goshen	111 Plymouth	167 Woodbridge
056 Granby	112 Pomfret	168 Woodbury
		169 Woodstock

MASSACHUSETTS



RHODE ISLAND

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